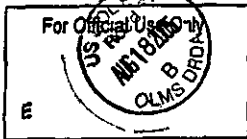


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9736	2 Fiscal Year Covered From 01 / 01 / 04 Through 12 / 31 / 04
3 Name and address of person filing Name MARK KREUTZMAN P.O. Box Bldg Room No. if any Street 615 ROCHESTER City ST LOUIS State MISSOURI ZIP Code + 4 63125	4 Name file number and address of labor organization Name BRICKLAYERS UNION LOCAL #167MO Labor Organization File Number 020-915 P.O. Box Building and Room Number if any Street 2000 MARKET City ST LOUIS State MISSOURI ZIP Code + 4 63103
5 Position in labor organization	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P.O. Box Bldg Room No. if any Street City State ZIP Code + 4	7 a. Nature of Interest, Transaction or Income 7 b. Amount

Signature

15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed

X Mark Kreutzman

On

18 12 05

Date

314-770-1066

Telephone Number

Name of Person Filing

MARK KREUTZMAN

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8 Name and address of Business (including trade name if any)

Name BRICKLAYERS APPRENTICE TRUST

Trade Name if any

P O Box Bldg Room No if any

Street 2000 MARKET ST-City ST LOUISState MISSOURIZIP Code + 4 63103

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name BRICKLAYERS APPRENTICE TRUST

Trade Name if any

P O Box Bldg Room No if any

Street 2000 MARKETCity ST LOUISState MISSOURIZIP Code + 4 63103

11.a Nature of such dealing

TRAVEL
TO I.M.I. CONFERENCE AS A
REPRESENTATIVE OF APPRENTICE
TRUST

11 b Approximate dollar value of such dealing

12.a Nature of interest held or income received

TRAVEL ADVANCE

12.b Amount

100/DAY

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name COMMERCIAL BANK & TRUST

Trade Name if any

P O Box Bldg Room No if any

Street 8000 FORSYTHECity CLAYTONState MISSOURIZIP Code + 4 63105

14 a Nature of payment

1 BASEBALL TICKET TO GAME ON
APRIL 20, 2004 108.50

1 TICKET TO CHARITY BOXING
BENEFIT BACKSTOPEAN 93.56

13.b Is the Business an Employer ☒or Consultant ☐ ?

14 b Amount of payment.

202.06